# UNITED STATES DISTRICT COURT

for the

District of

Division

|   | Case No.   |  |
|---|--|--|
| Andrea Natasha Jackson  | ) (to be filled in by the Clerk's Office)  |  |
| Plaintiff(s)  (Write the full name of each plaintiff who is filing this complaint.  If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)  -V- | Jury Trial: (check one) Yes No )   |  |
| Cancer Genetics, Inc.   |  |  |
| Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)                   | TOPING COURT COURT (COURT COURT COUR |  |

# COMPLAINT FOR EMPLOYMENT DISCRIMINATION

### I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

| Name               | Andrea Natasha Jackson       |
|--------------------|------------------------------|
| Street Address     | 132 Park Avenue #6           |
| City and County    | East Rutherford              |
| State and Zip Code | NJ, 07073                    |
| Telephone Number   | 404.573.6501                 |
| E-mail Address     | andrea.n.jackson@hotmail.com |

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

| Defendant No. 1           |   |
|---------------------------|---|
| Name                      | Cancer Genetics, Inc.                     |
| Job or Title (if known)   |   |
| Street Address            | 201 Route 17 North; 2 <sup>nd</sup> Floor |
| City and County           | Rutherford, Bergen                        |
| State and Zip Code        | NJ, 07070                                 |
| Telephone Number          | 201.528.9200                              |
| E-mail Address (if known) | contact@cgix.com                          |
| Defendant No. 2           |   |
| Name                      |   |
| Job or Title (if known)   |   |
| Street Address            |   |
| City and County           |   |
| State and Zip Code        |   |
| Telephone Number          |   |
| E-mail Address (if known) |   |
| Defendant No. 3           |   |
| Name                      |   |
| Job or Title (if known)   |   |
| Street Address            |   |
| City and County           |   |
| State and Zip Code        |   |
| Telephone Number          |   |
| E-mail Address (if known) |   |
|                           |   |
| Defendant No. 4           |   |
| Name                      |   |
| Job or Title (if known)   |   |
| Street Address            |   |
| City and County           |   |
| State and Zip Code        |   |

| Pro Se | 7 (Rev. 12/ | 16) Complaint i | for Employment Discrimination   |   |
|--------|-------------|-----------------|---|---|
|        |             |                 | Telephone Number E-mail Address (if known)  |   |
|        |             | •               | L' man radiess (y mown)   |   |
|        | C.          | Place of        | Employment  |   |
|        |             | The add         | ress at which I sought empl   | loyment or was employed by the defendant(s) is  |
|        |             |                 | Name  | Cancer Genetics   |
|        |             |                 | Street Address  | 201 Route 17 North; 2 <sup>nd</sup> Floor   |
|        |             |                 | City and County   | Rutherford, Bergen  |
|        |             |                 | State and Zip Code  | NJ, 07070   |
|        |             |                 | Telephone Number  | 201.528.9200  |
| II.    | Basis       | for Jurisd      | liction   |   |
|        |             |                 |   |   |
|        | 1 nis       | action is bro   | ought for discrimination in   | employment pursuant to (check all that apply):  |
|        |             | $\boxtimes$     | Title VII of the Civil Rig  | hts Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race,   |
|        |             |                 | color, gender, religion, national origin).  |   |
|        |             |                 |   | suit in federal district court under Title VII, you must first obtain a<br>ter from the Equal Employment Opportunity Commission.) |
|        |             |                 | Age Discrimination in Er  | mployment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.  |
|        |             |                 |   | suit in federal district court under the Age Discrimination in st first file a charge with the Equal Employment Opportunity       |
|        |             |                 | Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.  |   |
|        |             |                 | (Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.) |   |
|        |             |                 | Other federal law (specify a  | the federal law):   |
|        |             |                 | Relevant state law (specify   | o, if known):   |
|        |             |                 | Relevant city or county la  | aw (specify, if known):   |
|        |             |                 |   |   |

#### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

| A. | The discrimin                            | natory conduct of whi   | ch I complain in this action includes (check all that apply):   |  |
|----|--|---|---|--|
|    |  | Failure to hire me  |   |  |
|    |  | Termination of my employment.   |   |  |
|    | $\boxtimes$                              | Failure to promote me.  Failure to accommodate my disability.  Unequal terms and conditions of my employment. |   |  |
|    |  |   |   |  |
|    |  |   |   |  |
|    | $\boxtimes$                              | Retaliation.  |   |  |
|    |  | Other acts (specify)  | :   |  |
|    |  | Opportunity Comr  | grounds raised in the charge filed with the Equal Employment mission can be considered by the federal district court under the nt discrimination statutes.) |  |
| В. | It is my best                            | recollection that the a   | lleged discriminatory acts occurred on date(s)  |  |
|    | ongoing treat                            | ment  |   |  |
| C. | I believe that defendant(s) (check one): |   | e):   |  |
|    | $\boxtimes$                              | is/are still commit   | ting these acts against me.   |  |
|    |  | is/are not still com  | nmitting these acts against me.   |  |
| D. | Defendant(s)                             | discriminated against   | t me based on my (check all that apply and explain):  |  |
|    | $\boxtimes$                              | race  | African-American  |  |
| я  | $\boxtimes$                              | color   | Black   |  |
|    | $\boxtimes$                              | gender/sex  | Female  |  |
|    |  | religion  |   |  |
|    |  | national origin   |   |  |
|    | LJ                                       |   |   |  |
|    |  | age (year of birth)   | (only when asserting a claim of age discrimination.)  |  |

I have been the subject of unjust treatment at Cancer Genetics (CGI), for quite sometime. However, it escalated to egregious harassment because of my color. When this happened I contacted my HR Rep., and when that did not stop the behaviour, I filed an EEOC Complaint. The Complaint was filed because CGI was an emotionally distressing and hostile workplace particularly towards women, and especially women of color. CGI constantly tried to intimidate me for instance by following me on bathroom breaks, hovering over my desk, and slamming doors in my face. I was passed over for promtions, and even general merit raises. White men did not deal with this at CGI. This ordeal made me want to leave the workplace completely. The harassment was so severe, other coworkers would distance themselves from making any complaints or even observations. Since men did not have to deal with this same behaviour I believe this to do blantant discrimination. Women were even told the type of clothes to wear.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

#### IV. Exhaustion of Federal Administrative Remedies

| A. | It is my best recollection that I filed a charge with the Equal Employment Opportunity Commissi my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory con (date) |   |                  |
|----|---|---|------------------|
|    | Ongoing Con   | duct - still present 05/12/15.  |                  |
| В. | The Equal En  | nployment Opportunity Commission (check one):   |                  |
|    |   | has not issued a Notice of Right to Sue letter.   |                  |
|    | $\boxtimes$   | issued a Notice of Right to Sue letter, which I received on (date)  | 12/9/2016 .      |
|    |   | (Note: Attach a copy of the Notice of Right to Sue letter from the Opportunity Commission to this complaint.)               | Equal Employment |
| C. | Only litigants  | alleging age discrimination must answer this question.  |                  |
|    | •   | ny charge of age discrimination with the Equal Employment Opportude defendant's alleged discriminatory conduct (check one): | nity Commission  |
|    |   | 60 days or more have elapsed.   |                  |
|    |   | less than 60 days have elapsed.   |                  |

#### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

50K per year of service since May 2010. Much time and effort has been put into creating CGI into what it is however, when I have brought up situations that they are doing illegally, it backfires. Management takes the information, and spreads rumors which has hindered my advancement and changed the way some coworkers and industry leaders view my work. I was continually looked over for promotions, raises, bonuses, overtime, and general cost of living increases. Severe emotional, mental, physical and spiritual distress due to ongoing discrimination and harassment in the workplace lead to missing time at work, pleasure and ongoing medical treatment. The Company also, needs to do extensive training for the management and employees so that these reckless actions will stop.

#### VI. **Certification and Closing**

В.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

| I agree to provide the Clerk's Offic | e with any changes to my addre  | ss where case–related papers may be   |
|--------------------------------------|---------------------------------|---------------------------------------|
| served. I understand that my failure | to keep a current address on fi | le with the Clerk's Office may result |
| in the dismissal of my case.         |                                 |                                       |
| ^                                    |                                 |                                       |
| Date of signing: 2/14/2017           | $\mathcal{A}$                   |                                       |
|                                      | # / // // ~                     |                                       |
| 4                                    |                                 |                                       |
| Signature of Plaintiff               |                                 |                                       |
| Printed Name of Plaintiff Andrea     | N. Jackson                      |                                       |
|                                      |                                 |                                       |
| For Attorneys                        | $\bigcirc$                      |                                       |
| •                                    |                                 |                                       |
| Date of signing:                     |                                 |                                       |
|                                      | -                               |                                       |
|                                      |                                 | •                                     |
| Signature of Attorney                |                                 |                                       |
| Printed Name of Attorney             |                                 |                                       |
| Bar Number                           |                                 |                                       |
|                                      |                                 |                                       |
| Name of Law Firm                     |                                 |                                       |
| Street Address                       |                                 |                                       |
| State and Zip Code                   |                                 |                                       |
| Telephone Number                     |                                 |                                       |
| E-mail Address                       |                                 |                                       |
|                                      |                                 |                                       |